

**IN RE:**  
**Hogan, Mary Carol**

Debtor(s)

Case No. \_\_\_\_\_  
Chapter **13**

**CHAPTER 13 PLAN**

(Individual Adjustment of Debts)

DEBTOR(S):

(H) **Hogan, Mary Carol** S.S. # **4692**

(W) \_\_\_\_\_ S.S. # \_\_\_\_\_

ADDRESS:

**202 Meadow Lane**  
**Somerville, TN 38068-0000**

PLAN PAYMENT:

Debtor(s) to pay **\$208.00** [ ] weekly [ ] every two weeks [ ] semi-monthly [X] monthly

PAYROLL DEDUCTION:

**Yes** OR [ ] DIRECT PAY

BECAUSE: \_\_\_\_\_

FIRST PAYMENT DATE: \_\_\_\_\_

PLACE OF EMPLOYMENT:

ADMINISTRATIVE:

Pay filing fee, Trustee's fee, and debtor's attorney fee, pursuant to Court Order.

AUTO INSURANCE:

	MONTHLY PLAN PMT.
[X] Not included in Plan [ ] Included in Plan	\$ <b>0.00</b>

CHILD SUPPORT:

Future support through Plan to <b>None</b>	\$ <b>0.00</b>
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Child support arrearage amount <b>None</b>	\$ <b>0.00</b>
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PRIORITY CREDITORS:

<b>None</b>	\$ <b>0.00</b>
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HOME MORTGAGE

<b>None</b>	If no arrearage, ongoing payments are to be paid directly by the debtor(s)	\$ <b>0.00</b>
	Ongoing pmt. Begin	\$ <b>0.00</b>
	Approx. arrearage Interest %	\$ <b>0.00</b>

SECURED CREDITORS:

(Retain lien 11 U.S.C. § 1325(a)(5))

	VALUE	RATE OF	MONTHLY
	COLLATERAL	INTEREST	PLAN PMT.
<b>Bank Of America, N.A.</b>	\$ <b>56,981.79</b>	0.00 %	\$ <b>120.00</b>
<b>Ford Credit National Bankruptcy Service</b>	\$ <b>4,744.09</b>	0.00 %	\$ <b>88.00</b>

UNSECURED CREDITORS: Percentage to be paid to be determined by Trustee.

ESTIMATED TOTAL UNSECURED, NON-PRIORITY DEBT: **0.00**

TERMINATION:

Plan shall terminate upon payment of the above, approximately **60** months.

DEBTORS ATTORNEY:

**Graham Cox 031081**  
**joybarry@coxelderlaw.com**  
**Cox & Wortman, PLLC**  
**149 South Rowlett**  
**Collierville, TN 38017**  
**Telephone: (901) 853-3500**  
**Fax: (901) 853-3525**

\* ADEQUATE PROTECTION PAYMENT WILL BE 1/4 (25%) OF PROPOSED CREDITOR MONTHLY PAYMENT.  
FAILURE TO FILE TIMELY WRITTEN OBJECTION TO CONFIRMATION WILL BE DEEMED ACCEPTANCE OF PLAN.